



A SAFE PLACE OREGON

APPLICATION PACKET

Welcome! Here is some information about our Supervised Parenting Time Facility.

Your facilitator is **Nichole A. Palmateer**, she is an owner and the managing member of **Oregon Paralegal & Process, LLC**, and the Director of **A Safe Place Oregon**, a private non-profit corporation managed by Oregon Paralegal & Process, LLC.

The purpose of **A Safe Place Oregon** is to provide safe, secure, and professional supervision in cases involving court-ordered supervised parenting time.

A Safe Place Oregon is independent and not affiliated with any attorney or state agency. It is owned and operated by **Oregon Paralegal & Process, LLC** a limited liability company.

Please understand that even though your attorney or the court may have referred you to our program, we are not associated with any party in this case and there is NO privilege that attaches to your communications with this office, its staff or facilitators.



Here is a picture of your facilitator

Your facilitator's credentials include:

- BA in Justice from University of Alaska Anchorage
- Extensive work with divorce, custody, and parenting time cases in Douglas County since 2011
- Paralegal since 2001 and in the legal field since 1995
- 1 year of teaching with Junior Achievement of Southern Nevada working with at-risk youth in schools that had more than a 50% ESL population
- Court appointed Parenting Time Supervisor and Parenting Time Coordinator
- Local Douglas County resident with extensive family ties in the community.
- 2 years of teaching with Anchorage Alaska YMCA before and after school programs
- Member of the Oregon Mediation Association

CONTACT INFORMATION

ADDRESS: **727 SE Cass Street, Suite 219, Roseburg, OR 97470**

TELEPHONE OR TEXT: **(541) 580-9564**

EMAIL: spt@oregonparalegal.net

**YOU MAY CONTACT US
VIA PHONE, TEXT, E-MAIL OR IN-PERSON.**

REMEMBER!

***AT LEAST 12 HOURS ADVANCE NOTICE
IS REQUIRED FOR ALL CANCELATIONS TO AVOID BEING
CHARGED FOR MISSED APPOINTMENTS***



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RULES FOR SUPERVISED PARENTING TIME AT A SAFE PLACE OREGON

1. The Supervisor must be able to hear and see all contact and conversations between the child(ren) and non-custodial parent. This means you will **NOT** be allowed to be out of the sight of the facilitator with the child, and there will be **NO** whispering or passing of notes between the child(ren) and the non-custodial parent.
2. Absolutely **NO** derogatory comments will be said to the children about the other parent, his or her family, caretakers, children, siblings, the court, judge, attorneys, the Supervisor, or anyone else involved in this case.
3. Absolutely **NO** discussions with the children or in front of the children regarding the court case or possible outcomes.
4. Children will **NOT** be used to gather information about the other parent or to transmit information, personal possessions or papers to the other parent.
5. Absolutely **NO** spanking, hitting or threatening the child. These are grounds for ending the visit and termination of supervised parenting time in your particular case.
6. If a parent is more than 15 minutes late, without prior notice, for a scheduled parenting time visit, it will **NOT** occur.
7. Absolutely **NO** visits shall occur when a parent appears to be under the influence of alcohol or illegal drugs, including but not limited to marijuana. *These are grounds for ending the visit and termination of supervised parenting time in your particular case.*
8. Parenting time user fees are due and payable *before* parenting time occurs.
9. Center provided toys, books and art supplies are for the use of all users. Please respect these items, replace them when finished using, and do not remove them from the center.
10. Be respectful of all Center staff, clients, and children.
11. Custodial parents are asked to not bring other individuals with them to drop off the child/children at the parenting time center.
12. Custodial parents are asked to not wait outside the center for more than 5-10 minutes during drop off and pick up (exceptions are made for the first visit).
13. Custodial parents are asked to not interrupt visitation with the exception of emergencies.

14. Visits not canceled with at least 24 hours' notice are subject to a missed appointment charge equal to the hourly rate of the visit, for the number of hours reserved, and subject to the Supervisor's discretion.
15. If a non-custodial parent wishes to bring in gifts, toys, games, gadgets, or anything else to give to the child, it MUST be in its original wrapping/container as if just bought from the store and must be unopened.

Signature of Client

Date

Parent/Legal Guardian Signature (if required)

Date



A SAFE PLACE OREGON APPLICATION

Name of Person Applying for Services: _____

Physical Address: _____

Mailing Address (if different than physical address): _____

Telephone Number: _____ Email: _____

Date of Birth: _____ SSN: _____

Driver's License Number: _____ State: _____

Court Case Number: _____ Judge: _____

Your attorney's name: _____ Attorney's phone number: _____

Attorney's e-mail address: _____

Other parent's name: _____

Other parent's attorney's name: _____ Other attorney's phone # _____

Other Attorney's e-mail address(if you know it): _____

Children subject to supervised parenting time:

NAME	AGE	GENDER

Do any of the children subject to supervised parenting time have special needs? YES NO

If Yes, Please detail: _____

Is there any agreed upon day and time for supervised parenting time: YES NO

If No, Do you have a preferred day and time for parenting time? YES NO

If Yes, What days and times do you prefer (in order of preference)? _____

Will you be utilizing our Center for parenting time? YES NO

If No, have the parties and the court agreed to community-based supervised parenting time?

YES NO

If the parties and court have agreed to community-based supervised parenting time, where will this be occurring? _____

- Please submit a ***complete and legible copy*** of any and all **orders and/or judgments** governing **supervised parenting** time in this case.

Signature of Applicant

Date

Presently, we charge anywhere from **\$5 - \$40/hour**, based on income of applicant, number of children, and whether you will be utilizing our center or engaging our service for community based supervision. In either case, all daily user fees are due and payable **prior** to parenting time commencing, and are charged regardless of whether or not a parent shows for his/her parenting time appointment, unless at least 12 hours advanced notice of any cancellation is provided to the Center. By signing below, you agree to these terms.

Signature of Applicant

Date



A SAFE PLACE OREGON

CONSENT TO RELEASE OF INFORMATION

I, _____, do hereby consent and authorize Oregon Paralegal & Process, LLC, a Safe Place Oregon, and Nichole Palmateer, their agents, attorneys, employees, and/or representatives to release any information pertaining to me to the agencies/persons indicated below, and I also authorize the indicated sources to release information/documentation regarding my case to Oregon Paralegal & Process, LLC, a Safe Place Oregon, and Nichole Palmateer, their agents, attorneys, employees, and/or representatives:

- Attorney _____
- Attorney _____
- Child Custody Evaluator _____
- Department of Human Services – Child Protective Services
- Mental Health Agency/Professional _____
- Physician or Medical Facility _____

BE SPECIFIC IN FILLING OUT THE AGENCY OR INDIVIDUAL'S NAMES ABOVE

The duration of this authorization is until:

- the date of my case's discharge from Supervised Parenting Time Program
- One year from the date shown below.

I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

Client Signature

Date

Parent/Legal Guardian Signature (if required)

Date